Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:				
39C0001184			B. WING:		12/28/2022					
	VIDER OR SUPPLIER: CENTER AT EDGEWOR	TH COMMONS	STREET ADDRESS, CITY, STATE, ZIP CODE: 301 OHIO RIVER BLVD SUITE 100 SEWICKLEY, PA 15143							
STATE LICENSE NUMBER: 17771501			SEWICKLEI, IA 15145							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG			(X5) COMPLETE DATE				
Н 0000	Based on the findings of survey conducted on D Surgery Center at Edge to be in compliance with \$448.809 (b).	ecember 28, 2022, a	at as found	H 0000						
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE	I	TITLE:	(X6) DATE:				

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE 39C0001184 NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER AT EDGEWORTH COMMONS		STREET ADDRESS,	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING: SS, CITY, STATE, ZIP CODE: RIVER BLVD SUITE 100 EY, PA 15143		(X3) DATE SURVEY COMPLETED: 12/28/2022		
STATE LICENSE NUMBER: 17771501							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE			
S 0000	This report is the resul conducted on December Center At Edgeworth Of determined the facility requirements of the Per Health's Rules and Regulation Facilities, Annex A, Tand F, Chapters 551-56	with the ent of atory Care parts A	S 0000				
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPL	IER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

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Certified End Page

SURGERY CENTER AT EDGEWORTH COMMONS

STATE LICENSE NUMBER: 17771501 SURVEY EXIT DATE: 12/28/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY